

Commonsense Ten

607 14th Street, NW

Suite 800

Washington

DC

20011

FEC ID No. C00484642

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Commonsense Ten		FEC IDENTIFICATION NUMBER <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 317400.00	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: D417398	

Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 13566.73	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Production Services		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Dino Rossi		Office Sought: <input type="checkbox"/> House State: WA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: D417399	

(a) SUBTOTAL of Itemized Independent Expenditures .....	330966.73
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Jeffrey Forbes Signature	M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0

FEC ID No.

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## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Commonsense Ten

FEC IDENTIFICATION NUMBER

C C00484642

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

MSR

Date

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Mailing Address

11350 Random Hills Road, Suite 670

Amount

153780.00

City

Fairfax

State

VA

Zip Code

22030

Purpose of Expenditure

Media Buy

Category/  
Type

Office Sought:

☐ House

State: MO

☒ Senate

District: \_\_\_\_\_

☐ Presidential

Check One:

☐ Support☒ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Roy Blunt

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election

319572.73

for Office Sought

Transaction ID: D417402

Full Name (Last, First, Middle, Initial) of Payee

Shorr Johnson Magnus

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Mailing Address

1831 Chestnut Street  
Sixth Floor

Amount

2191.36

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Expenditure

Production Services

Category/  
Type

Office Sought:

☐ House

State: WV

☒ Senate

District: \_\_\_\_\_

☐ Presidential

Check One:

☐ Support☒ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

John Reeves Raese

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election

219524.36

for Office Sought

Transaction ID: D417403

(a) SUBTOTAL of Itemized Independent Expenditures .....

155971.36

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

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Jeffrey Forbes

Signature

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Commonsense Ten		FEC IDENTIFICATION NUMBER <b>C</b> C00484642	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 59271.00	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Rand Paul		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: D417458	
158784.03			

Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1831 Chestnut Street Sixth Floor		Amount 217333.00	
City Philadelphia	State PA	Zip Code 19103	
Purpose of Expenditure Media Buy		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: John Reeves Raese		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: D417401	
219524.36			

(a) SUBTOTAL of Itemized Independent Expenditures .....	276604.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
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Jeffrey Forbes Signature	M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0

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Commonsense Ten

FEC IDENTIFICATION NUMBER

C C00484642

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Ralston Lapp Media

Date

M M  
1 0D D  
2 0Y Y Y Y  
2 0 1 0

Amount

243.80

Mailing Address

329 K Street, NW

Suite 101

City

Washington

State

DC

Zip Code

20007

Purpose of Expenditure

Production Services

Category/  
Type

Office Sought:

☐ House

State: MO

☒ Senate

District: \_\_\_\_\_

☐ Presidential

Check One:

☐ Support☒ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Roy Blunt

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: D417460

Calendar Year-To-Date Per Election

319572.73

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

243.80

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

763785.89

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Jeffrey Forbes

Signature

M M  
1 0D D  
2 0Y Y Y Y  
2 0 1 0